

**DURHAM JOBLINK CAREER CENTER
WIA PROGRAM
DISCLOSURE AND RELEASE FORM**

The following declarations are made pursuant to PUBLIC LAW 91-579 (PRIVACY ACT of 1979).

The disclosure of this information is voluntary; however, omission of an item means you might not receive full consideration for services for which this information is needed.

1. I hereby approve the release of all information that is determined pertinent for verification and other services, employment and training purposes to the Durham Local area and/or the Durham Workforce Development Board and its program contractors, and any other agency, organization or institute needing such information for verification for services, employment and training purposes. This includes, but is not limited to: employment, previous income, receipt of public assistance (TANF), Social Security or SSI benefits, medical records and history to include psychological evaluations and educational records and history.
2. I hereby authorize the appropriate county Department of Social Services and/or Social Security Administration to release information concerning the amounts and types of assistance I receive from that agency. I understand that this information will be used to determine my eligibility for services and employment/training programs sponsored by Durham or the Durham Workforce Development Board and its program contractors. I acknowledge that this consent is voluntary and that I may revoke my consent.
3. I hereby grant to the Durham Local Area or the Durham Workforce Development Board, and its program contractors the absolute right to use photographs of me, and/or statements made by or about me without compensation to me, during and after the time I may be a participant of any program or services sponsored by the Durham Local Area or the Durham Workforce Development Board, and its program contractors for the purpose of publicity of the Durham workforce development programs or activities, including the JobLink Career Centers.
4. Disclosure by you of your Social Security Number (SSN) is beneficial in obtaining the services, benefits, or training that you are seeking. Solicitation of the SSN by Durham Local Area of the Durham Workforce Development Board, and its program contractors is authorized under provisions of Executive Order 9397 dated November 22, 1943. Your SSN will be used as an indicator for your records as a customer or while as a participant. It will also be used in connection with lawful requests for information about you from other agencies and employers. The information collected through the use of the SSN will be used only as necessary in personnel administrative processes carried out in accordance with established regulations.
5. I understand that any of the following items of payroll information that may be determined with my eligibility determination and enrollment into any services or program sponsored by the Durham Local Area or the Durham Workforce Development Board, and its program contractors will become public information at that time.
6. I hereby authorize you to release any information pertaining to wages earned, public assistance, Unemployment Insurance benefits, interest on savings, child support, alimony, annuities, pensions, participation with Vocational Rehabilitation, Veteran's benefits, or school records. I understand that this information is solely for the purpose of verifying eligibility for services provided by the Workforce Investment Act (WIA) and will not be released for any other purpose without my written permission.
7. I authorize the release of information for the purpose of verification and termination from the WIA program and/or follow up to WIA participation. This may include, but is not limited to, information from employers; and official academic transcripts from training programs, including technical schools, colleges and universities, or trade schools, which I have attended under the WIA program.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND AND WILL COMPLY WITH THE ABOVE STATEMENTS.

Participant's Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____
(If applicant is under 18 years old)

WIA Program Representative: _____ **Date:** _____

Copy Given to Participant ☐ Yes ☐ No